

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		TELEPHONE NO.:	COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL COURT, 220 W. BROADWAY, SAN DIEGO, CA 92101-3409 <input type="checkbox"/> NORTH COUNTY BRANCH, 325 S. MELROSE, VISTA, CA 92081-6627 <input type="checkbox"/> EAST COUNTY COURT, 250 E. MAIN, EL CAJON, CA 92020-3913 <input type="checkbox"/> SOUTH BAY COURT, 500 THIRD, CHULA VISTA, CA 91910-5694			
IN THE MATTER OF THE APPLICATION OF			
WRIT OF HABEAS CORPUS FOR MINOR ADMITTED TO A PRIVATE PSYCHIATRIC FACILITY BY PARENT (PC 1473; Local Rules, Division IV, Rule 2.14)		HC	

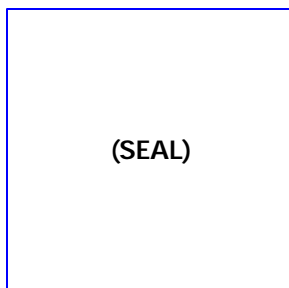
TO: The Director of _____
Facility Name

Upon reading and filing the petition of the above-named applicant wherein it is alleged that applicant is a minor restrained of liberty in a Psychiatric Facility pursuant to the signature of applicant's parent(s), and the minor desires to be released from the restraints,

IT IS ORDERED that a Writ of Habeas Corpus be issued and directed to you.

You are **ORDERED** to have the petitioner, _____, before the Court indicated above, Department _____ on _____, at _____m. and present evidence regarding the reason(s) why continued restraint is required, and to have with you this Writ, with your return annexed thereto.

WITNESS, the HONORABLE _____, Judge of the Superior Court, County of San Diego, State of California, attested by my hand and the seal of the court this date _____.



CLERK OF THE SUPERIOR COURT

By _____, Deputy